

FP Essentials
Call for Authors – October 2024

Gynecologic Cancers

We are seeking an author or author group to write an edition of *FP Essentials* on the topic of gynecologic cancers. This edition will cover four topics:

1. Cervical cancer
2. Endometrial cancer
3. Ovarian cancer
4. Vulvar cancer

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each, plus an abstract of approximately 200 words for each section. In addition, there should be key practice recommendations, a maximum of 15 tables/figures total, additional resources, and up to 200 references to provide support for all recommendations and factual statements in the manuscript. References must be numbered sequentially by section, with section headers dividing the list and each new section starting over at “1.”

This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided here include information that should be considered in preparation of this edition of *FP Essentials*. However, these should be used only as a starting point in identifying the most current guidelines and references to include in the edition.

Needs Assessment: Family physicians provide care to patients across the lifespan and help to coordinate the care of their patients among different subspecialists. For many female patients, their family physician is their usual source of gynecological care. A survey of members of the American Academy of Family Physicians (AAFP) found a need for education on the treatment of various aspects of women’s health care, including the diagnosis and treatment of gynecologic cancers. This monograph will help address those needs by providing readers with information related to diagnosis and management of gynecologic cancers. Please clarify in the monograph that terms like “female” and “women” are intended to include cisgender women and other people with female sexual anatomy.

Section 1: Cervical Cancer

Example case: EJ is a 35-year-old female who does not have a regular source of care but has recently established herself with your office. She has never had a gynecologic examination, and you perform a Papanicolaou test with human papillomavirus (HPV) cotesting. Cytology shows high grade squamous intraepithelial cells and the HPV testing is positive for type 16. A colposcopy is performed, which shows several areas of acetowhite epithelium. Biopsies are positive for squamous cell cancer of the cervix.

Key questions to consider:

- How common is cervical cancer?
- Which patients are at increased risk for developing it? Have any protective factors been identified? What was the impact of screening with cervical cytology and HPV cotesting and the adoption of HPV vaccination?
- What barriers exist in underserved communities to identify and treat these cancers? How can these barriers be overcome?
- What are the current screening recommendations for cervical cancer? Do they vary for patients in different risk categories? What are the advantages and disadvantages of the current recommended screening strategies?
- What is the benefit of and evidence for early detection?
- What are the usual presenting symptoms?
- What is the recommended diagnostic evaluation for suspected cases, including the role of colposcopy and biopsy? What new diagnostic strategies (eg, self-collection) are currently being evaluated?
- How are these cancers staged? (Consider the use of a table.)
- What are the general treatment strategies for these malignancies? How effective are treatments and what are the most common adverse effects?
- What is the role of family physicians in surveillance and monitoring as well as postcancer treatment care?
- What is the prognosis for these cancers? Do the treatments increase the risk of other conditions of which family physicians should be aware?
- Do any of these treatments affect potential fertility? How should this be managed?
- Do any of these treatments affect sexual function? If so, how should this be managed?
- What are other cancer survivorship issues that need to be addressed?

Initial references to consider:

- Petrie K, Wells A, Eckert LO. Human papillomavirus vaccine: the cancer prevention moonshot. *Obstet Gynecol Clin North Am.* 2023;50(2):339-348.
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- Martinez ME, Schmeler KM, Lajous M, Newman LA. Cancer screening in low- and middle-income countries. *Am Soc Clin Oncol Educ Book*. 2024;44(3):e431272.
- Adegboyega A, Kang J, Aroh A, Williams LB. Perceived barriers to pap screening influence adherence to screening recommendations among Black women. *J Womens Health (Larchmt)*. Published online June 5, 2024.
- Tsige AW, Beyene DA. Cervical cancer: challenges and prevention strategies: a narrative review. *Health Sci Rep*. 2024;7(6):e2149.
- Luvián-Morales J, Gutiérrez-Enríquez SO, Granados-García V, Torres-Poveda K. Risk factors for the development of cervical cancer: analysis of the evidence. *Front Oncol*. 2024;14:1378549.
- Curry SJ, Krist AH, Owens DK, et al. Screening for cervical cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2018;320(7):674–686. *****This recommendation is currently undergoing review. Please use the most recent USPSTF recommendation in your references.*****

Section 2: Endometrial Cancer

Example case: *DD is a 63-year-old female who comes to see you because of vaginal bleeding. Her last period was over 10 years ago. She reports that the recent episode was similar to a period but only lasted three days. Her physical examination is unremarkable. You perform endometrial sampling, which is interpreted as “endometrial hyperplasia with marked atypia.”*

Key questions to consider:

- How common is endometrial cancer?
- Which patients are at increased risk for developing it? What is the relationship between endometrial hyperplasia and endometrial cancer? Have any protective factors been identified?
- What barriers exist in underserved communities to identify and treat these cancers? How can these barriers be overcome?
- Are there currently any screening recommendations, and if so, what are they? Do they vary for patients in different risk categories, such as patients with abnormal uterine bleeding or unopposed estrogen use?
- What is the benefit of and evidence for early detection? Are there screening tests that patients may request that are not recommended?
- What are the usual presenting symptoms?
- What is the recommended diagnostic evaluation for suspected cases, including the role of endometrial sampling and ultrasound? What is the recommended treatment for the possible results? (Consider the use of a table.)
- How are these cancers staged? (Consider the use of a table.)
- What are the general treatment strategies for these malignancies? How effective are treatments and what are the most common adverse effects?
- What is the role of family physicians in surveillance and monitoring as well as postcancer treatment care?
- What is the prognosis for these cancers? Do the treatments increase the risk of other conditions of which family physicians should be aware?
- Do any of these treatments affect potential fertility? How should this be managed?
- Do any of these treatments affect sexual function? If so, how should this be managed?
- What are other cancer survivorship issues that need to be addressed?

Initial references to consider:

- Bourou MZ, Matsas A, Vrekoussis T, Mastorakos G, Valsamakis G, Panoskaltsis T. Conservative treatment of endometrial cancer in women of reproductive age (review). *Mol Clin Oncol*. 2023;19(1):55.
- Oaknin A, Bosse TJ, Creutzberg CL, et al. Endometrial cancer: ESMO clinical practice guideline for diagnosis, treatment and follow-up. *Ann Oncol*. 2022;33:860–877.
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- Agnew H, Kitson S, Crosbie EJ. Interventions for weight reduction in obesity to improve survival in women with endometrial cancer. *Cochrane Database Syst Rev*. 2023;(3):CD012513.
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- Amiri M, Bidhendi-Yarandi R, Fallahzadeh A, Marzban Z, Ramezani Tehrani F. Risk of endometrial, ovarian, and breast cancers in women with polycystic ovary syndrome: a systematic review and meta-analysis. *Int J Reprod Biomed*. 2022;20(11):893-914.
- Marin AG, Filipescu A, Petca A. The role of obesity in the etiology and carcinogenesis of endometrial cancer. *Cureus*. 2024;16(4):e59219.
- Menendez-Santos M, Gonzalez-Baerga C, Taher D, Waters R, Virarkar M, Bhosale P. Endometrial cancer: 2023 revised FIGO staging system and the role of imaging. *Cancers (Basel)*. 2024;16(10):1869.
- Vasileva R, Wohrer H, Gaultier V, et al. Pregnancy and obstetric outcomes after fertility-sparing management of endometrial cancer and atypical hyperplasia: a multicentre cohort study. *Hum Reprod*. 2024;39(6):1231-1238.
- Management of endometrial intraepithelial neoplasia or atypical endometrial hyperplasia: ACOG Clinical Consensus No. 5. *Obstet Gynecol*. 2023;142(3):735-744.

Section 3: Ovarian Cancer

Example case: *DO is a 56-year-old female who reports several months of abdominal bloating, early satiety, fatigue, and vague lower abdominal pain. On bimanual examination, you palpate a fullness in her right adnexa. You order a pelvic ultrasound, which demonstrates a multiloculated cystic mass in her right ovary measuring 5 cm.*

Key questions to consider:

- How common is ovarian cancer in the general population and in high-risk genetic subgroups?
- Which patients are at increased risk for developing it? When is genetic testing indicated? Have any protective factors been identified?
- Are there effective risk reduction strategies for the general population and for individuals determined to be at high risk for developing ovarian cancer?
- What barriers exist in underserved communities to identify and treat these cancers? How can these barriers be overcome?
- Are there currently any screening recommendations, and if so, what are they? Do they vary for patients in different risk categories, such as patients at genetic risk for ovarian cancer, transgender patients who still have ovaries, or others?
- What is the benefit of and evidence for early detection? Are there screening tests that patients may request that are not recommended?
- What are the usual presenting symptoms? What is the role of the physical examination in detecting ovarian cancer?
- What is the recommended diagnostic evaluation for suspected cases?
- How are these cancers staged? (Consider the use of a table.)
- Where are the common sites for metastatic disease?
- What are the general treatment strategies for these malignancies? How effective are treatments and what are the most common adverse effects?
- What is the role of family physicians in surveillance and monitoring as well as postcancer treatment care?
- What is the prognosis for these cancers? Do the treatments increase the risk of other conditions of which family physicians should be aware?
- Do any of these treatments affect potential fertility? How should this be managed?
- Do any of these treatments affect sexual function? If so, how should this be managed?
- What are other cancer survivorship issues that need to be addressed?

Initial references to consider:

- Agnew HJ, Kitson SJ, Crosbie EJ. Gynecological malignancies and obesity. *Best Pract Res Clin Obstet Gynaecol.* 2023;88:102337.
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- Davenport C, Rai N, Sharma P, et al. Menopausal status, ultrasound and biomarker tests in combination for the diagnosis of ovarian cancer in symptomatic women. *Cochrane Database Syst Rev*. 2022;(7):CD011964.
- Menon U, Gentry-Maharaj A, Burnell M, et al. Ovarian cancer population screening and mortality after long-term follow-up in the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS): a randomised controlled trial. *Lancet*. 2021;397(10290):2182-2193.
- Grossman DC, Curry SJ, Owens DK, et al. Screening for ovarian cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2018;319(6):588-594.

Section 4: Vulvar Cancer

Example case: *BS is a 71-year-old female who is bothered by an itchy patch of skin on her vulva that has been there for several months. She had tried an over-the-counter topical steroid cream without relief. On physical examination, you see a 4 cm by 4 cm erythematous, scaling patch on her right labia majora.*

Key questions to consider:

- How common is vulvar cancer?
- Which patients are at increased risk for developing it? Have any protective factors been identified? How effective is human papillomavirus (HPV) vaccination in prevention?
- What barriers exist in underserved communities to identify and treat these cancers? How can these barriers be overcome?
- Are there currently any screening recommendations, and if so, what are they? Do they vary for patients in different risk categories, such as smokers, those with HPV infection, immunodeficiency, or a history of pelvic radiation?
- What is the benefit of and evidence for early detection?
- What are the usual presenting symptoms? What vulvar lesions are considered precancerous? What is the usual appearance of precancerous lesions and vulvar cancer? (Include images if possible.)
- What is the recommended diagnostic evaluation for suspected cases, including the role of biopsy? What type of biopsy is preferred (shave, punch, or excisional)? Can these biopsies be performed in the family physician's office?
- How are these cancers staged? (Consider the use of a table.)
- What are the general treatment strategies for these malignancies? How effective are treatments and what are the most common adverse effects?
- What is the role of family physicians in surveillance and monitoring as well as postcancer treatment care?
- What is the prognosis for these cancers? Do the treatments increase the risk of other conditions of which family physicians should be aware?
- Do any of these treatments affect potential fertility? How should this be managed?
- Do any of these treatments affect sexual activity? If so, how should this be managed?
- What are other cancer survivorship issues that need to be addressed?

Initial references to consider:

- PDQ Adult Treatment Editorial Board. Vulvar cancer treatment (PDQ®): health professional version. In: *PDQ Cancer Information Summaries*. National Cancer Institute; 2024.
- Pedrão PG, Guimarães YM, Godoy LR, et al. Management of early-stage vulvar cancer. *Cancers (Basel)*. 2022;14(17):4184.
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- Chargari C, Wasserman J, Gabro A, et al. Vulvar carcinoma: standard of care and perspectives. *J Clin Oncol.* 2024;42(8):961-972.
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- Oonk MHM, Planchamp F, Baldwin P, et al. European Society of Gynaecological Oncology guidelines for the management of patients with vulvar cancer - update 2023. *Int J Gynecol Cancer.* 2023;33(7):1023-1043.